

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15058**

FILED MAY 4 1953

REG. DIST. NO. **230**

PRIMARY REG. DIST. NO. **5810**

Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY Montgomery Co.		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri. b. COUNTY Montgomery.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McKittrick, Mo. Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McKittrick, Mo. Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Loutre T.S.P.	
3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) XX c. (Last) Robinson,		4. DATE OF DEATH (Month) (Day) (Year) April 29-1953	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 4th 1862
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Henry Cole,	
14. MOTHER'S MAIDEN NAME Unknown,		15. NAME OF HUSBAND OR WIFE Robert L. Robinson,	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. XX	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic parenchymatous nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 591X	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour)		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Aug. 3, 1952 , to Apr. 29, 1953 , that I last saw the deceased alive on Apr. 28, 1953 , and that death occurred at 5-30 A.M. , from the causes and on the date stated above.		23. HOW DID INJURY OCCUR?	
24a. SIGNATURE H. A. Jeter, Jr. (Degree or title) D.O.		24b. ADDRESS Hermann, Mo.	
24c. DATE SIGNED 5/1/53		24d. SIGNATURE Hermann, Mo.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE May 21 1953	
25c. NAME OF CEMETERY OR CREMATORY Loutre Island		25d. LOCATION (City, town, or county) (State) Near McKittrick, Mo.	
DATE REC'D BY LOCAL REG. May 2 1953		REGISTRAR'S SIGNATURE Mrs. Eunice Bush ADDRESS Americus, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.